



The Disabled Welfare

Program:

The Welfare System and the Disabled

Erin Syron

The disabled population in the U.S. has many needs. Many of these needs are addressed by the current welfare policy, but it needs to be examined whether or not the policy is addressing their needs to the fullest capacity. In this paper I will explore whether the current U.S. welfare policy addresses the needs of the disabled, and whether it is working in the way it was designed to.

I feel that there have been many strides made in the area of the social welfare policy in general and for the disabled in particular. However, I am not sure if all needs are thoroughly being met. In this paper, after a brief historical survey of the social welfare system as a whole, I will review public assistance, the social and rehabilitative services, and the civil rights legislation that are in place for those that are disabled. The review will include the reason that the programs were started in order to evaluate if they are fulfilling their purpose. In addition, I will attempt to determine the root causes of why the programs may or may not be fulfilling their purposes.

HISTORICAL BACKGROUND

The welfare policy is designed to help those that are in need of assistance or may potentially be in need of assistance. There are several policies in place to determine who fits in those categories to receive the benefits and assistance of the welfare programs. These determinations came about as the welfare policy took shape historically. DiNitto (2000) has provided a useful historical overview of the social welfare system in the United States and the following brief account is largely based on her work.

The roots of the social welfare policy dates back to Elizabethan England. The first source of welfare was mutual aid, which meant that people had to rely on others in a time of need. When a family's crop failed it was the job of other relatives or neighbors to pitch in and help. Then, it became the duty of the church and of wealthy feudal lords to help those in need. The first laws to curb poverty were established during the fourteenth and fifteenth centuries in England. Changes in the societal structure led the Elizabethan government to develop its own welfare system. The Elizabethan Poor Law of 1601 was established to control those who were poor, unable to find a job, and those who might cause problems in society. Thus, taxes were levied in order to finance the welfare system. An important aspect of the Elizabethan Poor Law was to separate the deserving poor from the non-deserving poor—the deserving poor being defined as orphaned children and adults who were blind, physically disabled, or unemployed for reasons beyond their control. The non-deserving poor were defined as those who were vagrants or drunkards that were considered too lazy to work. Outdoor relief described assistance that was given to the deserving poor in their households, and indoor relief was given to those who were not able to care for themselves. Thus, they

received assistance in institutions known as almshouses. On the other hand, the nonde-serving poor were sent to workhouses, where they did hard labor for life's barest necessities (DiNitto 33). Parishes administered the aid for all of these services and decided who would receive the assistance (DiNitto 33-34).

The English colonists adopted many aspects of the Elizabethan welfare system when they settled in the U.S. One example includes the residency requirements. Warning out was one policy that forced new people who seemed not to be financially responsible in town to move to other towns. Another residency policy known as "passing on" was used to escort such people back to the town they came from. These laws were in place well into the nineteenth century. The colonists also used four different methods to help assist those in need. The first was auctioning off the poor to families who would care for them at the lowest cost. The second method was to place the sick and the poor under the supervision of a couple who would care for them at the lowest cost. A third method was outdoor relief. The final method of assistance was putting people in almshouses. During the 1800s the colonists thought of more ideas to help the poor. In the late 1870s, the method of scientific charity was developed by the Charity Organization Societies (COS). This method developed into caseworker services as seen today (DiNitto 32, 34).

From 1870-1920, private groups like the COS, settlement houses, churches and big-city political bosses provided the majority of the assistance provided to the poor. During this time laws were passed to assist children in families where the father had left or had died, and state pension programs were established to help the poor aged, blind, and disabled people. Then, the Great Depression brought about new ideas to place more attention on public welfare than in the earlier days of the program. This

is when Americans began to accept responsibility for assisting the entire community. One of the most important revisions to the program was the Social Security Act of 1935, which included social insurance benefits for retired workers and public assistance to dependent children, the elderly, and the blind. Social Security began to expand during the 1950s, including public assistance payments to those with severe disabilities (DiNitto 34-36).

President Lyndon Johnson declared the War on Poverty with the Economic Opportunity Act of 1964. The goal of this was to allow ghettos and poor communities to develop their own strategies and programs to help alleviate poverty and inequalities. This was also the time when the Food Stamp program was enacted and Medicaid and Medicare were established (DiNitto 36 & 39).

When President Nixon took office he decided to make some reforms to the welfare program. He proposed a guaranteed annual income for the poor. One part of this plan that was enacted was Supplemental Security Income to provide cash assistance to the elderly and the disabled in poverty. However, the rest of Nixon's plan was rejected by Congress because some felt that it was too much welfare and others thought that the guarantees were not stable enough (DiNitto 39).

Next, President Reagan took office with much more conservative philosophies concerning the welfare system. It was believed that the welfare program was creating too much dependency, so public spending should be kept to a minimum, the federal government should have a minimal role in public assistance, only the truly needy should receive assistance, and assistance should be provided only on a short-term basis (DiNitto 47-48). However, President Reagan did institute block grants, which were federal payments to state or local governments for a specific reason such as health, welfare, or education (DiNitto

51).

President Bush then took office and also encouraged states to assume responsibility for public assistance. In addition, he wanted a "kinder and gentler" nation. President Bush encouraged states to experiment with the federal funds, which could or may not prove to be successful (DiNitto 52).

President Clinton was elected in 1992. He vowed to end welfare as it was known by turning the welfare office into an employment office and limiting the amount of time that families could remain on welfare. In 1996, he signed the public assistance reform bill, which added many revisions to the welfare program (DiNitto 60).

It can be seen that there is a long history full of changes and revisions regarding the social welfare policy. The major advances in regards to assistance for the disabled began with the Social Security Act of 1935. This was during a time of giving and it was viewed as though everyone should be responsible for those in need of assistance. However, it was not until 1950s that the policies for the disabled made an impact, and this was with the Aid to the Permanently and Totally Disabled policy (DiNitto 134). Then, SSI came about in 1972 under President Nixon who was trying to cut down on spending (DiNitto 135). There have also been movements since then in regards to those with disabilities and the social welfare program.

PUBLIC ASSISTANCE AND DISABILITIES

Supplemental Security Income (SSI) is a program that provides income support to persons that are 65 years or older, blind or disabled adults, and blind or disabled children (Supplemental... 80). Adults, people 18 years and older, are considered disabled if they cannot work because of a mental or physical impairment that is expected to re-

sult in death or last for a continuous period of at least 12 months (DiNitto 135). Children who have a disability that is similar in severity to an adult are entitled to SSI to assist those caring for the them. Eligibility requirements and federal payment standards are nationally uniform. With this program, each eligible person receives a monthly cash payment that is based on a statutory benefit rate. In 1999, an individual living by him/herself receiving no other countable income received \$500 a month, and a couple with both people eligible received \$751 a month (Supplemental... 80). The number of disabled recipients grew from approximately 369,000 in 1960 to almost 5.2 million recipients in 1998. Children with disabilities comprise a large percent of those receiving these benefits. The largest group that qualify are those who are mentally retarded, which is likely due to prenatal drug, alcohol, and HIV exposure (DiNitto 141).

The numbers show that there is an increasing number of disabled people that are eligible to receive SSI benefits. This makes one wonder whether SSI is helping those that are disabled in a way that is as beneficial as it was intended to be.

It has been reported that SSI is a primary source of income for many children and adults with disabilities (Berry 176). However, if this is true for an adult, it would be nearly impossible for an adult to live by her/himself because the costs are much more than is what is received from SSI. In 2000, there was not a housing market in the United States in which a disabled person on SSI could afford to rent a modest efficiency apartment or one-bedroom apartment (Housing... 2). In fact, it was found that a disabled person receiving SSI benefits would have to triple their income to be able to afford to rent a one-bedroom apartment (Housing... 2). This means that these people might have to live in group homes or more restrictive settings because they cannot afford a place of their own, which

makes the movement towards more independent living even less of a possibility for those that are disabled. It seems that although disabled people are receiving the benefits they need, the benefits are not enough. It is true that SSI is intended to be a supplemental income program. The program is providing an income, but the income is not enough for these people to live on because it is the only means of income for some of them. Modifications may need to be made for the amount that people receive because on average, SSI benefits equal an hourly pay rate of \$3.23 an hour. That is almost \$2.00 below minimum wage, so it cannot be expected that people can live off of such amounts of income (Housing... 2). At this point SSI may not be as much of a supplement to income as it was once hoped or meant to be. However, to try and address this issue there have been strides made to try and get more disabled people into the work-force because SSI also does offer work incentives and vocational rehabilitation (Berry 176).

REHABILITATIVE SERVICES

Rehabilitative services also constitute an important part of the program. State and federal governments have worked together to create and put into place a rehabilitation program for those that are disabled (Carney 6). The federal government provides the majority of the funding for vocational rehabilitation programs, but each state operates its own program according to federal guidelines (DiNitto 145). Even people with severe mental retardation can benefit from physical and mental stimulation. Rehabilitative services can also include physical therapy, which is often an essential part of a disabled person's program. Thus, people with the same or similar disabilities may not receive the same services because they live in different states. Those people that have a possible chance at employment or

being re-employed can qualify for these services. It has been suggested that vocational rehabilitation is a valued program because these services promote independence (see Berkowitz, in DiNitto 145).

There are approximately 200,000 people placed in jobs each year, but the number of individuals in the vocational rehabilitation services has actually declined (DiNitto 146). In 1975, 800,000 applications were processed, and in 1997, only 617,000 applications were processed for the program (DiNitto 146). A 1998 poll showed that the employment for working-age disabled people in the United States has not improved in the last decade. It was shown that 29% of people with disabilities were employed compared to 79% of non-disabled people who were employed (Berry 176). This shows that the number of disabled people who must be purely relying on SSI is quite high, and these would be the people who would be struggling to make ends meet financially. This is why recent welfare reforms have focused on moving disabled adults from programs such as SSI into paid work programs, and young-adults are a target group because of their potential for long-term employment (Berry 176). However, the rate of those rehabilitated is quite inspiring. Nearly 80% of those served have severe disabilities, and approximately 61% of the clients are rehabilitated. Thus, in 1997, the funding for vocational rehabilitation programs increased to \$3 million (DiNitto 146). On an opposing note, Berry et al. found that SSI participants who left vocational rehabilitation programs were just as likely as SSI recipients who did not receive vocational rehabilitation services. This suggests that the benefits of the vocational rehabilitation programs are not noticeable (Berry 185). One explanation might be that rehabilitation programs do not offer long-term supports (Berry 185-86).

CIVIL RIGHTS AND DISABILITY

There is also the civil rights aspect of the welfare program. One of the first steps was from deinstitutionalization to normalization and inclusion. The 1972 U.S Supreme Court ruling in the *Wyatt v. Stickney* case stated that people will be placed in the least restrictive habilitation setting (DiNitto 147). This shift includes moving people from living in large state institutions to smaller and privately owned community-oriented facilities. This recognizes the right of disabled people to live in the community and participate in community functions (Zabel 127). Even those in restrictive homes should be in the community and have the opportunity to live like other citizens (DiNitto 147).

There is also the Architectural Barriers Act of 1968, which has the purpose of making buildings accessible and safe to those that are deaf, blind, in wheelchairs, or who have other disabilities. This requires that buildings that are constructed from at least some federal funding or leased by the federal agencies have ramps, elevators, and other barrier-free access (DiNitto 150-151). However, many buildings still fall short of these standards, especially houses and apartment buildings. Therefore, this act has many good intentions but it has not had the thorough impact that was intended to have. Buildings are still struggling to be accessible for those that are disabled. It is very difficult to use bathrooms that are not handicapped accessible and to go places that do not have all of the necessary accommodations. Using a typical public bathroom trying to change a grown person is a very difficult task, but I have had to do it many times in public restrooms. This is because a typical public bathroom does not accommodate for two people. Restaurants are usually very difficult because tables are often very close together and it is difficult to try and maneuver around the obstacles.

There are places that do try to accommodate the guidelines though, and there are still those that are trying to meet the requirements.

In the year 2000, it was announced that HUD was in the midst of reviewing the guidelines of the Architectural Barriers Act and trying to comply with the standards (ADA... 8). One of the most important pieces of the civil rights legislation is Title V of the Rehabilitation Act of 1973. Through this act,

1. Federal agencies must have affirmative action programs established to hire disabled people that are qualified for the positions.
2. The Architectural and Transportation Barriers Compliance Board was set up to enforce the Architectural Barriers Act of 1968. The activities have also been expanded to include communication barriers.
3. All businesses, universities, foundations, and other institutions that hold contracts with the U.S. government need to have affirmative action programs established to hire disabled people who qualify for positions.
4. Discrimination against qualified disabled people in any public or private institution that receives federal assistance is prohibited.

(DiNitto 151)

The fourth piece of this legislation refers to section 504 of the Rehabilitation Act of 1973. This specifies that students with disabilities in elementary and secondary schools must not be discriminated against because of their disability. This includes students who may not be included in the

Individuals with Disabilities Education Act (IDEA) (Betz 347). In addition, IDEA provides the details for which disabled students receive services and supports (Betz 349). This expands the legislation in a way that includes the educational aspect, which is a large gain for those with disabilities. Receiving an appropriate education is a major component to being an integral part of the community, and it helps those that are disabled gain knowledge and skills that are useful for future employment and basic living. However, it is most important to remember that no one should be denied an education, and as mentioned in the rehabilitation section, even those that are severely retarded mentally benefit from mental stimulation. No one should be denied such mental stimulation because everyone benefits in one way or another.

Another piece of legislation that has a huge impact on those that are disabled is the American with Disabilities Act (ADA), which was passed in 1990 by President George Bush. This has been claimed as the most comprehensive law ever passed in the way of civil rights for those with disabilities. The ADA gave the same legal protection to individuals with disabilities that had already been granted to people on the basis of race, color, sex, national origin, age, and religion. Overall, the ADA extended section 504 of the Rehabilitative Act to the private sector (Fleischer & Zames 53). There are five titles that make up the ADA. Title I addresses discrimination regarding employment; Title II addresses the delivery of governmental services as well as access to public transportation; Title III is in regards to access to goods and services in commercial facilities and public accommodations; Title IV addresses access to telecommunications services; and Title V contains miscellaneous provisions that apply to the other four titles (Kridler & Stewart 41). This is why the ADA has been described as the most comprehensive plan for the disabled thus far. Even though there

are such provisions regarding discrimination it seems as though there are still incidents that ADA is not preventing.

CRITICAL ANALYSIS

The current problem is that there is not one way to meet the needs of all disabled people. There are so many varying disabilities that there cannot be one solution. In addition, there is never a simple financial solution for any problem. That can be seen with the recent welfare reforms, and still despite the reforms the financial needs of all of the people are not being met. Therefore, there is not one simple answer as to how to meet the financial needs of individuals who are disabled.

SSI was developed as a means to supplement the income of disabled individuals, but it is the main source of income for many disabled individuals. However, SSI payments are not enough for people to remain financially stable. I feel that SSI payments should be higher, so that people could actually live off of these benefits. Some of the children that I work with at my place of employment receive SSI because they do not have parents. SSI is their only means of income and there are months where we have to wait to buy them things because they do not have enough money in their accounts. This is very frustrating personally and for those higher-functioning children who want certain material goods at a certain time as typical teenagers do. However, after seeing that there are currently 54 million disabled Americans (Fleischer & Zames 53) and 5.2 million are receiving SSI benefits (DiNitto 141), one realizes that the government is spending a lot of money.

Increasing the amount these individuals receive to an amount that would put them on a financially stable standing would be a large increase in spending, which would mean that money would

need to be allocated towards these programs, and other programs would face cuts in funding. There have been trends to decrease government spending, so I do not really foresee major or even significant increases in SSI payments being considered by the government. This was also seen in 1996 when the Personal Responsibility and Work Opportunity Act was passed. This included more stringent restrictions regarding the SSI program. The new provisions intended to eliminate 135,000 disabled children that were already on the SSI rolls and to prevent an additional 45,000 children from being eligible for SSI in the future (Ettner et al. 186).

This is hard to accept for me because I am an advocate for disabled children. However, I understand that the government allocates money to those programs that they value the most. The government has compensated for the low SSI payments by promoting vocational rehabilitation and work incentive programs. I feel that the government is trying to financially help those that are disabled and they are trying to assist them gain independence as well.

The vocational rehabilitation programs are a great idea, but they may be lacking in certain areas. There are disabled people that are employed, but a majority are not employed. This shows a need for improvement in the programs. I think that rehabilitation programs are very useful and should receive a lot of attention. Disabilities usually require support services which are gained through rehabilitation services. At my place of employment there is a place on campus called the "Day Hab" center. This is a place that is designated for rehabilitation and therapies. The people that attend this center come there during the day and then return to their homes at night. This shows that these services are important because these adults are not so severely disabled that they need to be in facilities but they still need those support services. However, the services that are received are

lacking in certain areas.

My eight-year-old cousin is severely disabled with a condition known as Rett Syndrome. However, she attends public school. Her therapies are an essential part of her school curriculum. When there are school vacations she does not receive these therapies. Even a short lapse in treatment can undo months' worth of progress for those that are disabled. Regression is major issue for those that have disabilities. Another issue is summer vacation because that is too long for her and many other children to go without their therapies. Thus, my cousin has to go to summer school just to receive therapy. It seems as though there should be a program that could be set up to continue therapies for children throughout vacations from school either through programs that would continue at the school or home-health aides. Therefore, I think that there are still revisions and reforms that could make the program more comprehensive and beneficial. However, again I see the position that home-health aides are expensive and they are already in demand. Thus, it would be difficult to fund these workers.

In regards to the civil rights legislation, I think that the legislation has come a long way in the past several decades but that does not necessarily mean that all of society has come with it. As mentioned, there are still buildings that are not accessible to the disabled, and this does not just refer to those in wheelchairs. I do understand that completely renovating or changing the layout of a building or restaurant is not an easy change to make. However, for community integration to take place those accommodations are essential.

There have also been huge strides in the way of education. Disabled children never used to attend public schools, so they were placed in separate rooms, and now they are an integral part of many classrooms. Two of my cousins have special needs and both of them are in "typical"

classrooms, and they thrive in these environments. There are also the children that I work with who attend school at the residential center, and these children could not be educated in public school systems. Therefore, there are both sides of the case, and the decision needs to be made on a case-by-case basis.

Overall, I think that there have been major gains made in the way of legal matters for those that are disabled, but I believe that the social aspect is often overlooked. The ADA says that disabled individuals will not be discriminated against, but there are informal or social interaction discriminations towards disabled individuals on a daily basis that are completely disregarded. One instance that I can clearly remember happened last October. Some fellow employees and I had taken the children we work with on an outing, and we stopped at a nearby fast-food restaurant for a snack. We took all of the children in the restaurant to order the food and eat the food. As we were about to leave, another customer in the restaurant said to a co-worker, "Would you please hurry up and get those kids out of here. I do not want them around me or my children." My co-worker reminded him that it was a public establishment but he said he did not care, guarding his children to make sure none of our children harmed his children. This makes me realize that there can be all kinds of legislation that is passed stating that discrimination is illegal, but it is going to occur in society and every day social interactions without failure.

ROOT CAUSES

After incidents such as the above, which occur more often than I would like to admit, I wonder why they happen and what can be done to fix the problem. Educating society about the ills of discrimination could be a solution or educating society about individuals with disabilities

is another. However, these do not get at the root of the problem and these do not explain why there is a problem in the first place. Why have there been so many programs to help those that are disabled? This indicates that the number of disabled individuals is continuously increasing. This led me to think whether poverty is one of the root causes for the increase in the number of disabilities. I came to this conclusion by doing some research to try to find a link between disabilities and other factors. I had never thought about this correlation.

However, the correlation is quite astonishing.

The ratios of children who live in poverty who have a disability are higher than those children who are economically advantaged. Actually, children in low-income families have as much as a 40 percent greater risk of being disabled (Meyers et al. 210). Children living in poverty are 1.5 to 2 times more likely to be partially or completely deaf, and 1.2 to 1.8 times more likely to partially or completely blind (Edelman xi-xix). In addition, poverty-stricken children are approximately two times more likely to have a serious physical or mental disability than children who are not living in poverty (Edelman xi-xix). There are cognitive disadvantages as well. Children living in poverty are 1.3 times more likely to have a learning disability. Also, the average IQ score of a child in poverty is nine points lower than a child who does not live in poverty (Edelman xi-xix). This puts children who live in poverty at a disadvantage in regards to their physical and cognitive health.

There has also been a correlation between children with disabilities and families receiving public assistance. In 1998, approximately one-fifth of welfare recipients were caring for a child with a disability or chronic illness (Meyers et al. 209). In addition, over 10 percent of families cared for a severely disabled child or more than one child with special needs (Meyers et al. 225).

This could lead one to believe that living in poverty would cause higher incidences of children with special needs within one family because of the condition of poverty.

I know a family that was periodically on public assistance. There were four children in the family, and three of the four children had special needs with some of their needs being quite extreme. Also, I know that a fair amount of the children that I work with come from conditions of poverty. Fujiura and Yamaki report (2000: 187, 199) that data from the National Health Interview Survey from 1983-1996 shows a significant increase in the rates of childhood disabilities, with poverty being one of the reasons cited.

This supports that poverty is a cause of the increase in the number of individuals with disabilities. Therefore, the programs established to help those that are disabled may not be working the way they were intended to because they are not getting at the root of the problem or because the root of the problem still exists—which is poverty. I am not saying that if poverty was eliminated all disabilities would be eliminated too, but if the poverty issue was controlled the disabilities that did exist would be due to circumstances beyond our control. Reducing poverty would most likely reduce the number of individuals with disabilities, and with reductions in the number of those that are disabled programs would be able to focus more on the needs of those people. This would hopefully also provide more funding and services to individuals that are disabled.

In the last several decades there have been many strides made in the way of advances for individuals with disabilities. There are several programs that have been established to assist those with disabilities, which include SSI and rehabilitative services in general. There have also been several pieces of legislation such as the Architectural Barriers Act of 1968, the Rehabilitation Act of 1973, the Individuals with Disabili-

ties Education Act, and the Americans with Disabilities Act of 1990 (Fleischer & Zames, 52). This has given individuals with disabilities solid ground in which to base their rights on, but there are still flaws in the system.

Disabled individuals whose only source of income is SSI cannot afford housing because SSI payments are not sufficient, so they may be living in poverty. SSI was intended as a supplemental income but for many it is their only source of income. This signals that there might need to be revisions in the program because individuals cannot survive with these payments. If payments will not be increased then perhaps another program needs to be established which will provide benefits or income for those that need this assistance. Getting more funding for such programs may be difficult because a lot of money is allocated towards other programs, such as the military. Approximately \$265 billion a year is spent on the military even during times when there are no external enemies (Edelman xi-xix). However, this also indicates that the issue is not about insufficient money but more about where money is allocated. Overall, I think that allocating more money towards programs such as SSI would be beneficial because it would help disabled individuals become more independent. In addition, I feel that increasing SSI payments or finding another way to provide income to people with disabilities would help people in poverty. Since there is a higher ratio of people with disabilities in poverty this extra income would be particularly beneficial to these people. This could also help break the “cycle of poverty” to prevent future generations of children being born into poverty with increased risks of being born with a disability.

Rehabilitative services are important to individuals with disabilities, but it is difficult to see whether they are accomplishing their purpose. These services provide physical as well as mental stimulation for those

with disabilities, and there are vocational services provided. However, the effectiveness of these services has been questioned in this paper. It was mentioned that perhaps long-term support services would make these services more effective.

Then, there is the civil rights legislation. This has made many legal gains, but the societal gains may still be lacking. This could be because those with disabilities carry a stigma similar to that of people of poverty. In addition, since there is a correlation between individuals with disabilities and poverty, these people have twice the chance of being stigmatized or stereotyped by society. This is sad but true.

I had never thought about this correlation before, but I think that it makes a lot of sense. Those with disabilities are seen as different and so are people who live in poverty. Both of these labels carry a lot of stereotypes in society. However, the answer to this problem is not an easy solution.

CONCLUSION

I have been an advocate for disabled children for about eight years ever since my cousins were born with special needs. Then, I started working with children who had special needs and some who are severely disabled. This is when I became a strong advocate for individuals with disabilities. I have always thought that legislation and public awareness was the answer to the problems that the disabled face. I thought that this would make life for the disabled a lot easier. However, throughout the course of this class and a few other classes, I have learned that preventing a problem is sometimes a better solution than fixing a problem when it is already in progress. That is why SSI, rehabilitative services, and civil rights legislation serve individuals with disabilities to an extent but they are not helping uproot the problem. They are providing temporary bandages.

I now view poverty as a place where I should point my concern because this is a factor leading to an increase in the number of individuals with disabilities. The root cause is where concern should be placed because that is where the problem can begin to be fixed. In addition to poverty concern should be placed on health care, which is a concern for those that are in poverty. If a woman does not receive proper prenatal health care while pregnant she is putting her child and herself at a higher risk for health problems during birth and later in life. Therefore, health care for those that are in poverty needs to be re-evaluated as well. It is amazing to see that all of the issues that are related to this issue can be related back to poverty. Poverty seems to be an underlying issue in so many problems or it can at least be linked to a lot of social issues.

Based on the information gathered, there are a lot of implications for myself in the future. I know that as a future special education teacher I will be confronting many of these issues either directly or indirectly. I know that rehabilitative services are extremely beneficial to those with disabilities. As a teacher I will be in direct contact with the therapists that my students will be working with. Therefore, I should try to do my part in the classroom in regards to aiding their rehabilitative work. If I know that a therapist is working on a certain skill with a child I will try to integrate that into the classroom activities for that child. In addition, it will be my job as a teacher to provide mental stimulation for all of my students. Overall, this means that I will have to provide my students with the services they need in conjunction with the therapists. However, from this I have learned that one area of frustration may be the financial needs of the students.

This paper has shown me that SSI payments are very low, and the payments may not be enough to fully benefit my students. If the students are not receiving the basic needs at home it will be another obstacle

for them to overcome to grow in the classroom. In addition, I have learned that many of my students may be living in poverty. Therefore, a stable and healthy classroom environment is essential for these children. Even if I can not aid my students financially I will do my part in the classroom to create a healthy atmosphere. Then, there is the issue of civil rights legislation for the disabled. I feel that there still needs to be social gains in this area, and I will be an advocate for my students as I am towards the children I work with now and my cousins. I may only be able to change the opinions of a few people, but I consider that progress. Also, the social ills regarding this issue will not hinder me from taking my students to public places. I hope that one day that will not be an issue I need to worry about.

In the future I would hope to see all of these problems solved, but I am sure I will not see that happen in this lifetime. However, I would be happy if I could at least see progress made in the right direction. In the future, I plan to focus on poverty and being an advocate for helping those in poverty as much as being an advocate for individuals with disabilities.

REFERENCES

- Bacon.
- Edelman, Marian Wright (1998). "A Child Shall Lead Us," *The State of America's Children Yearbook*, xi-xix.
- Ettner, Susan L., et al. (2000). "Impact of Expanding SSI on Medicaid Expenditures of Disabled Children," *Health Care Financing Review*, 21, 3: 185-210.
- Fleischer, Doris Z, and Freida Zames (1998). "Disability Rights (legislation for the enhancement of handicapped individuals' civil rights)," *Social Policy*, 28, 3: 52-55.
- Fujiura, Glenn T., and Kiyoshi Yamaki (2000). "Trends in Demography of Childhood Poverty and Disability," *Exceptional Children*, 66, 2: 187-203.
- "Housing Crisis Worsening for Disabled, Report Finds," (2001). *Mental Health Weekly*, 11, 27: 1-5.
- Kridler, Charles, and R.K. Stewart (1992). "Access for the Disabled (part 1)," *Progressive Architecture*, 73, 7: 41-42.
- Meyers, Marcia K., Anna Lukemeyer, and Timothy Smeeding (1998). "The Cost of Caring: Childhood Disability and Poor Families," *Social Service Review* 72, 2: 209-233.
- "Supplemental Security Income" (1999). *Social Security Bulletin*, 31, December: 80.
- Zabel, Diane (1989). "Directory of Residential Centers for Adults with Developmental Disabilities," *RQ* 29, 1: 127-128.
- "ADA Revisited" (2000). *Journal of Property Management*, 65, 3: 8.
- Berry, Hugh B. (2000). "The Supplemental Security Income Program and Employment for Young Adults with Disabilities: An Analysis of the National Health Interview Survey on Disability," *Focus on Autism and Other Developmental Disabilities*, 15, 3: 176-188.
- Betz, Cecily, L. (2001). "Use of 504 Plans for Children and Youth with Disabilities: Nursing Application." *Pediatric Nursing*, 27, 4: 347-357.
- Carney, Nell C. (1990). "Seventy Years of Hope, Seventy Years of Success," *The Journal of Rehabilitation*, 56, 4: 6-7.
- DiNitto, Diana M. (2000). *Social Welfare: Politics and Public Policy*. Boston: Allyn and